



HOVON ADDRESS FORM

Instructions: These data are required for administrative purposes.
Please send to: hdc@erasmusmc.nl

HOVON respects your privacy and will therefore take adequate measures according to GDPR to ensure privacy and security of your personal information on this address form. For further information, please read our **privacy statement** on: www.hovon.nl/help/privacy-statement.html

I agree that my data will be stored and processed by HOVON for the purpose of receiving and providing information about HOVON trials via e-mail or telephone.

Forms without the above checkbox ticked cannot and shall not be processed.

* Male Female

* First name: _____

* Last name: _____

* Salutation: Dr. Mr. Mr. Dr. Mr. Prof. Mrs. Mrs. Dr. Mrs. Prof. Ms.
 Prof. Prof. Dr.

* Function: _____

* Hospital / institution: _____

* Department: _____

* Physical address street: _____

* Postal code (phys. Addr): _____

* City (phys. Address): _____

* Country: _____

PO Box: _____

Postal code (PO Box): _____

City (PO Box): _____

* Telephone: _____

Telephone 2: _____

Cell: _____

Fax: _____

* Email** : _____

Website: _____

* Mandatory fields **Please note that only hospital related email address is allowed, no public free service email address